Health Insurance, Portability & Accountability Act (HIPAA) Electronic Claims Standardization

Uniform Business Office HIPAA Deployment Overview

TRICARE Management Activity
Uniform Business Office
November 2003

HIPAA: Background

- The HIPAA law (PL 104-191)
  - Required the Secretary of Health & Human Services (HHS) to adopt standards for financial & administrative transactions, to enable private health information to be exchanged electronically
- Final Rule for Transactions & Code Sets
  - Published: Aug 17, 2000; & revised Feb 20, 2003
  - X12 Claims Implementation Guides - version 4010, dated May 2000, addenda Oct 2002
- Final Compliance date: 16 Oct 2003
  - Third Party Payers' contingency plans
    - CMS, BC/BS, others are accepting legacy format
      - MTF Interim Guidance: paper bill unless payers are accepting legacy electronic format
- MHS-wide HIPAA 837 electronic transaction deployment to begin Nov 03 – Jan 04

HIPAA: Background cont'd 837 Electronic Claim Transaction

- Institutional & professional electronic claim transactions
- Covered entities
  - Providers: MTFs, network providers, pharmacies
  - Health Plans: i.e. TRICARE, Blue Cross/Blue Shield
  - Clearinghouses
    - Services used to bill electronically on behalf of MTFs
      - MTFs will transition to a new clearinghouse: NDC/MedUnite

HIPAA 837 Transaction: Benefits of Electronic Billing

- Eliminate inefficiencies of handling paper documents with electronic transactions
- Decrease time & cost to complete clinical, billing & other financial work flow processes
- Frees up valuable staff resources
- Faster flow of information between entities
- Decreased reimbursement time
- Stricter security measures protect the physical accessibility of patient health information
- Greater privacy protection to safeguard disclosure of confidential patient health information
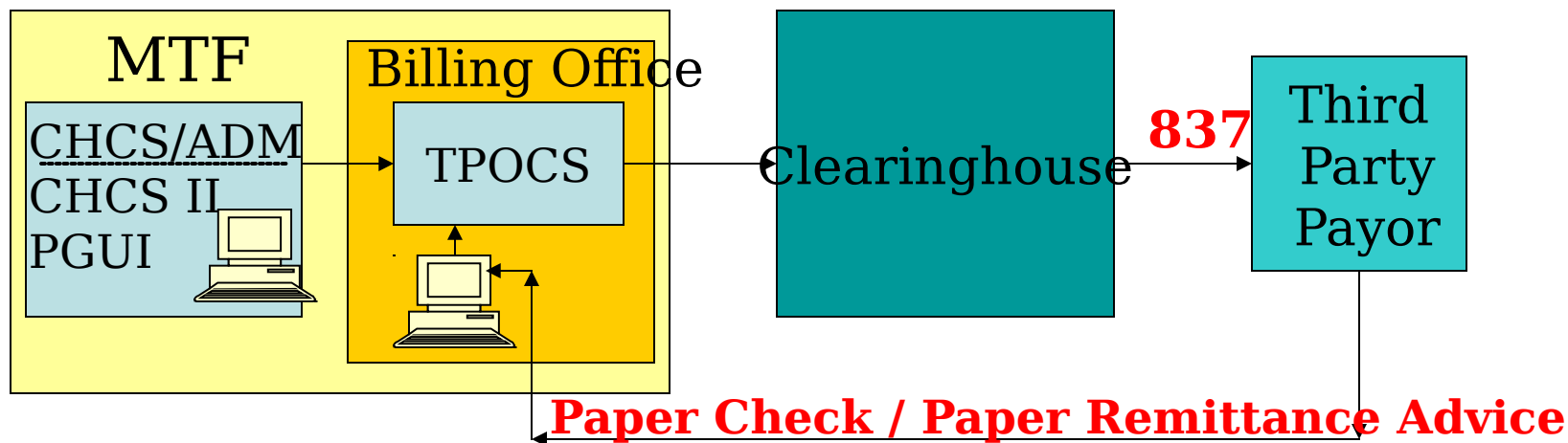
HIPAA 837 Transaction: MTF Systems Impacted

- Composite Health Care System (CHCS)
- CHCS II
- Ambulatory Data Module (ADM)
- Provider Graphic User Interface (P-GUI)
- Third Party Outpatient Collection System (TPOCS)

HIPAA 837 Transaction: MTF Process Flow

Third Party Collections Program: Outpatient Claims only

MTF

CHCS/ADM
CHCS II
PGUI

Billing Office

TPOCS

Clearinghouse

837

Third Party Payor

Paper Check / Paper Remittance Advice

CHCS & TPOCS interface has been modified to capture & send the required HIPAA compliant data elements for electronic billing

HIPAA 837 Transaction: CHCS & ADM Changes

- New data fields & data collection triggers
  - Mandatory
    - Patient registration: additional OHI subscriber information
      - Date of Birth (DOB) and gender
    - Provider files
      - Provider Taxonomy
      - Provider role in ADM encounter
      - CPT/HCPCS code linkage
  - Situational (Mandatory, when applicable)
    - Pregnancy indicator: LMP & estimated date of birth
    - Injury/accident: date, location, related cause code
    - Prior authorization number: APV
    - LAB/RAD files: CLIA

HIPAA 837 Transactions: TPOCS Changes

- New data received from CHCS
  - CHCS/TPOCS interface has been modified to capture & send the required HIPAA compliant data elements for electronic billing
  - TPOCS table changes
    - HIPAA transaction & code sets
- New fields
  - Condition code (situational)
- New UBO Business Rules
  - HIPAA non-compliant claims will not pass edits for electronic transmission
    - Non-compliant claims will require submission in paper format
  - All manual bills will result in paper claims

HIPAA 837 Transaction MTF Implementation Resources

- UBO website:
  http://www.tricare.osd.mil/ebc/rm home/ubo hipaa.cfm

  - UBO HIPAA Electronic Billing Functional Business Rules

  - MTF Training Presentations

    - ADM, OHI, LAB/RAD, Provider Taxonomy & TPOCS

  - MTF HIPAA Functional Readiness Checklist

- UBO Help Desk: 1-866-784-4826

- For more information on all HIPAA requirements, refer to http://www.tricare.osd.mil/hipaa